P10/S8/17 (10:07) Approved for use through 06/30/2010, OMB 065 1-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMIERCE

Uncler the Properwork Reduction Act at 1995 no persons are required to respond to a collection of intermation unless it displays a valid CMB control in Limber Effective on 12/08/2004. Complete if Known pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/670,319 FEE TRANSMITTAL Filing Date September 28, 2003 For FY 2008 First Named Inventor Martin Weiser Ollinh P. Nguyen Examiner Name Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2814 TOT AL AMOUNT OF PAYMENT 1270.00 Attorney Docket No. H0004362,35587 US -4018 METHOD OF PAYMENT (check all that apply) Credit Card JMoncy Order None JOther (please identify): Deposit Account Deposit Account Number: 500977 Deposit Account Name: Buchalter Nemer For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments under 37 CFR 1.16 and 1.17 WARP-ING: information on this form may become public. Credit card information should not be included on this form. Provide credit card inforwation and authorization on PTO-2038. FEE CALCULATION 1. B ASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity Small Entity Small Entity Application Type Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 310 155 510 210 255 105 Design 210 105 100 130 50 65 P lant 210 105 310 155 160 80 R.cissuc 310 155 510 620 255 310 P rovisional 210 105 0 **EXCESS CLAIM FEES** Small Entity For (\$) Fee (\$) Feee Description Each claim over 20 (including Reissues). 50 Each independent claim over 3 (including Reissues) ..... - --- 210 --105 Multiple dependent claims 370 185 To tal Claims Extra Claims **Multiple Dependent Claims** Fee Paid (\$) Fee (\$) - 20 or HP = Fee (\$) Fee Paid (\$) HED shighest number of total claims paid for, if greater than 20 Inchep. Claims Extra Claims Fee (S) Feo Paid (\$) HP - highest number of independent claims paid for, if greater than 3. A.PPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 5 O sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

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